Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel

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Outline

- Regulation overview
 - Legal citations and effective date
 - Applicability and definitions
 - Requirements
- Reporting
- Frequently Asked Questions
- Contact Information

Legal Citations & Effective Date

- Statutory Authority: Public Health Law (PHL) Sections 225, 2800, 2803, 3612, and 4010
- Regulatory provisions located in a new Section
 2.59 of the State Sanitary Code
- Additional provisions reference Section 2.59
 - 10 NYCRR Sections 405.3, 415.19, 751.6, 763.13, 766.11, and 793.5
- Became effective July 31, 2013

Applicability – Which Entities

- Hospitals, general hospitals, nursing homes, diagnostic and treatment centers (all "Article 28 facilities")
- Certified home health agencies, long term home health care programs, AIDS home care programs, licensed home care service agencies, limited license home care service agencies (all "Article 36 agencies")
- Hospices (as defined in Article 40 of the PHL)

Applicability – Who

All personnel in healthcare and residential facilities and agencies who engage in activities such that if they were infected with influenza, they could potentially expose patients or residents to the disease

Applicability – Who

- All persons employed or affiliated with a covered healthcare or residential facility or agency, paid or unpaid. Includes but is not limited to:
 - Employees
 - Members of the medical and nursing staff
 - Contract staff
 - Students
 - Volunteers

Applicability – Who

- Does not apply to visitors to facilities or family members of patients/residents
 - Visitors typically only come in contact with specific patients/residents, whereas staff come in contact with many patients/residents
 - Facilities are encouraged to establish policies for visitor restrictions to limit influenza transmission

Applicability – Where and When

- Areas where patients or residents may be present
- Only during the period of time in which influenza is prevalent as determined by the Commissioner.

Requirements

- Healthcare and residential facilities and agencies must:
 - Determine and document which persons qualify as "personnel" under the regulation.
 - Document the influenza vaccination status of all personnel for the current influenza season.
 - Upon Department request, report the number and percentage of personnel that have been vaccinated against influenza for the current season.

Requirements

- Healthcare and residential facilities and agencies must:
 - Ensure all personnel not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents may be present.
 - Identify those areas where patients or residents may be present and, accordingly, unvaccinated persons must wear a mask.

Reporting

- All covered entities are required to document the number and percentage of personnel vaccinated against influenza for the current season and report these data to the Department upon request
- The Healthcare Personnel Influenza
 Vaccination Report will be the mechanism for reporting

Reporting

- Mandated electronic report
 - Must be completed on the Health Electronic Response Data System (HERDS) on the Health Commerce System (HCS) at https://commerce.health.state.ny.us/

Reporting

- At least 2 reports this season
- The first report will open **November 1, 2013** and be due by **November 15, 2013**
 - Please ensure that a member of your staff has an HCS role before November 1, 2013
- Further instructions, including a sample report and FAQs, was distributed to covered entities and associations in August 2013 and is available online at www.health.ny.gov/FluMaskReg

Healthcare Personnel Influenza Vaccination Report

- 1. Name of the person primarily responsible for completion of this report
- 2. Title
- 3. Phone number (in xxx-xxxx format)
- 4. Email address

		Employees	Licensed independent practitioners	Students, trainees, and volunteers	Contract Personnel
5.	Number of HCP who worked at this healthcare facility during the reporting period				
6.	Number of HCP who received an influenza vaccination at this healthcare facility during this influenza season				
7.	Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility during this influenza season				
8.	Number of HCP who have a medical exemption to the influenza vaccine				
9.	Number of HCP who declined to receive the influenza vaccine				
10	Number of HCP with unknown influenza vaccination status (or criteria not met for questions 6 – 9 above)				

FAQs: What do we do about staff who refuse the vaccine?

- Staff are free to refuse the vaccine for any reason or for no reason at all
- Unvaccinated staff will need to wear a mask, regardless of the reason they are unvaccinated
- Facilities/agencies may institute policies surrounding declination
 - Declination forms
 - Sample Declination Statement from NYSDOH available at www.health.ny.gov/FluMaskReg
 - Education
- Education is important!

FAQs: Masks

- Surgical or procedure masks
 - May also be labeled as laser, isolation, dental, or medical procedure masks
 - May be secured by ties or ear loops
- Face shields and N95 respirators are not required to meet the requirements of this regulation
 - Standard and Transmission-Based Precautions apply as usual

FAQs: Masks

- Masks should be changed when:
 - Leaving the room or completing care of a patient/resident on isolation precautions
 - Whenever it is soiled or might have become soiled
 - Per facility protocol
- Hand hygiene should always be performed after removing contaminated masks

FAQs: Exposure

- Influenza is transmitted primarily by large-particle respiratory droplets that do not remain suspended in the air
 - Sharing a 6-foot space with a patient (person-to-person contact) or a surface that comes in contact with a patient (equipment-to-patient contact).
- Facilities/agencies are responsible for developing medically appropriate protocols based upon the potential for personnel to expose patients or residents to influenza.

FAQs: Exposure

- Areas where patient contact is expected:
 - Patient/resident rooms, resident dining areas, nurses' stations, unit/floor hallways, patient transport elevators, diagnostic and treatment areas, patient homes
- Areas where patient contact is not expected:
 - Business or administrative offices
 - Facility services (e.g. laboratory (except drawing stations), engineering, laundry, sterile processing)
 - Non-human research facilities

FAQs: Exposure

- Public areas within facilities
 - Facilities are responsible for determining areas where masks must be worn by unvaccinated personnel as outlined in the regulation
 - Areas where patients/residents are <u>not</u> "typically" found would not require mask use
 by unvaccinated personnel
 - Policies should be developed to address unusual situations when patients are unexpectedly present

FAQs: Why do staff members have to be vaccinated or wear a mask when residents and participants in day programs do not?

- Practicalities
- Efficacy of vaccine higher in young/healthy persons than in elderly persons*
- No exemptions in regulation for congregate settings

FAQs: What if masks frighten residents or participants in day programs?

- Ensure that all staff members who are willing and able are vaccinated
- Consider what you do when masks must be worn for other reasons
- Work with staff at your facilities who address psychosocial concerns among residents/participants
 - Educate to the extent possible, reassure

FAQs: Enforcement

- It is the responsibility of each facility/agency to enforce its policies related to this regulation
- Enforcement by facilities/and agencies is expected to occur much like enforcement of other infection control policies
- Enforcement by DOH will also be similar to that for other policies, ex. citations, need for a plan of corrections

FAQs: Home Care

- Home care agencies are covered under this regulation
- Home care personnel would be covered when they provide services at an assisted living facility, just as they are when they provide services at a private home
- Home care agency is responsible for verifying immunization status, reporting, and enforcement

FAQs: Influenza Season

- Influenza season begins, peaks, and ends at different times in different years
- Commissioner will likely designate influenza "prevalent" based on Department influenza surveillance data

FAQs: Influenza Season

Influenza Season	Dates "Widespread"	# Weeks "Widespread"
2007-2008	January 12 – April 19	15
2008-2009 (H1N1 pandemic)	January 31 – April 11 June 6 – July 11	17
2009-2010	October 3 – December 12	11
2010-2011	December 25 – April 9	16
2011-2012	March 10 – May 19	11
2012-2013	November 24 – April 20	22

FAQs: Influenza Season

- The Commissioner's decision that influenza is prevalent may be announced by some or all of the methods below
 - HCS Informational Message
 - Dear Administrator Letter
 - Message on the public website
 - Press release

FAQs: Vaccination Documentation

- Documentation must have been generated by the individual administering the vaccine and must include:
 - Date of vaccination
 - Name of individual who ordered or administered the vaccine
 - Business address of individual who ordered or administered the vaccine*
- Self-attestation of vaccination is not acceptable

^{*} For initial implementation of this regulation, if the documentation does not include the business address, the immunized individual may provide the business address.

FAQs: DOH Surveyors

- Not covered under regulation
- NYSDOH policy with similar requirements is under development
- Facilities/agencies are not responsible for verifying vaccination status of DOH staff

Contact Information

NYSDOH influenza regulation questions

Email: FluMaskReg@health.ny.gov

Web: http://www.health.ny.gov/FluMaskReg

Health Commerce System account questions

Email: hinhpn@health.state.ny.us

Phone: 866-529-1890 Option 1

(8am-4:45pm EST, excluding weekends/holidays)